

# PART B - FEE(S) TRANSMITTAL

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421 W RIVERSIDE AVENUE SUITE 500  
SPOKANE, WA 99201

## Certificate of Mailing or Transmission

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Laune Morgan	(Depositor's name)
Laune Morgan	(Signature)
2/14/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/274,294	03/22/1999	DAVID GUNTER	MSI-298US	8214

TITLE OF INVENTION: SYSTEM AND METHOD FOR TRUSTED INSPECTION OF A DATA STREAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ARANI, TAGHI T	2131	713-151000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Customer Number is required.**

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lee & Hayes PLLC  
2  
3

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Microsoft Corporation

Redmond WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

#### 4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

#### 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. ~~Form PTO-2030 is attached.~~ EFS WEB  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

Emmanuel A Rivera

2/13/05

45,760

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